## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application or Docket Number

09/913350

| CLAIMS AS FILED - PART I               |                                                                                                                                                                                                                                                                                            |                                           |                 |                                   |               |                                    |                  | MALL E           | NTITY                                            |          | OTHE                | O TU                    | ARI                                   |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------|-----------------------------------|---------------|------------------------------------|------------------|------------------|--------------------------------------------------|----------|---------------------|-------------------------|---------------------------------------|
|                                        | !                                                                                                                                                                                                                                                                                          |                                           | (Column         | <u>n.1)</u>                       | (Col          | (Column 2)                         |                  | TYPE             |                                                  | OR       |                     | OTHER THAN SMALL ENTITY |                                       |
| TO                                     | OTAL CLAIMS                                                                                                                                                                                                                                                                                | ,                                         |                 | ·                                 |               |                                    |                  | RATE             | FEE                                              | 7        | RATE                |                         | EE                                    |
| FOR                                    |                                                                                                                                                                                                                                                                                            |                                           | NUMBER          | FILED                             | NUMI          | BER EXTRA                          | <del>}</del> ├── | ASIC FEE         | <del></del>                                      | OR       |                     | 12-                     |                                       |
| TC                                     | OTAL CHARGEA                                                                                                                                                                                                                                                                               | ABLE CLAIMS                               | 19 mir          | inus 20=                          | •             |                                    |                  | X\$ 9=           | 1                                                | OR       |                     | 1                       |                                       |
| <b> </b> -                             | DEPENDENT CL                                                                                                                                                                                                                                                                               |                                           | <u> 19</u>      | ninus 3 =                         | •             |                                    |                  | X40=             | <del>                                     </del> | OR       | Vác                 |                         | <u> </u>                              |
| ML                                     | JLTIPLE DEPEN                                                                                                                                                                                                                                                                              | NDENT CLAIM PR                            | RESENT          | RESENT                            |               | _ D .                              |                  | <br>+135=        | <del> </del>                                     | 1 1      |                     | <u> </u>                |                                       |
| * If                                   | the difference                                                                                                                                                                                                                                                                             | in column 1 is l                          | less than z     | ero, enter                        | r "0" in (    | column 2                           | L                | F135=            | <del> </del>                                     | OR<br>OR |                     | 0.1                     | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
|                                        | C                                                                                                                                                                                                                                                                                          | CLAIMS AS A                               | MENDE           | D - PAR'                          | TII           |                                    |                  | UIAL             | L                                                | Jon      | OTHER               | SU<br>THA               |                                       |
|                                        |                                                                                                                                                                                                                                                                                            | (Column 1)                                |                 | (Colum                            | mn 2)         | (Column 3)                         | S                | MALL             | ENTITY                                           | OR       | SMALL E             |                         |                                       |
| AMENDMENT A                            |                                                                                                                                                                                                                                                                                            | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGHE<br>NUME<br>PREVIO<br>PAID F | IBER<br>OUSLY | PRESENT<br>EXTRA                   | F                | RATE             | ADDI-<br>TIONAL<br>FEE                           |          | RATE                | TIO                     | DDI-<br>NAL<br>EE                     |
| NON                                    | Total                                                                                                                                                                                                                                                                                      |                                           | Minus           | **                                |               | =                                  | L                | X\$ 9=           |                                                  | OR       | X\$18=              | Ī                       |                                       |
| AME                                    | Independent<br>FIRST PRESE                                                                                                                                                                                                                                                                 | ENTATION OF MU                            | Minus           | PENDENT                           | TOL AIM       | =                                  | >                | X40=             |                                                  | OR       | X80=                |                         |                                       |
| ســـــــــــــــــــــــــــــــــــــ | FIRST TREE                                                                                                                                                                                                                                                                                 | NIAHOR OF ILL                             |                 |                                   |               |                                    | <u></u>          | 135=             |                                                  | OR       | +270=               |                         |                                       |
|                                        |                                                                                                                                                                                                                                                                                            | • • • • •                                 |                 | 01 A                              | /AIL/         | ABLE CO                            | Obx              | TOTAL            | <del></del>                                      |          | TOTAL               |                         |                                       |
|                                        |                                                                                                                                                                                                                                                                                            | (Column 1)                                |                 | (Colum                            | mn 2)         | (Column 3)                         | ADU              | OIT. FEE         |                                                  | O P      | ADDIT. FEE          |                         |                                       |
|                                        |                                                                                                                                                                                                                                                                                            | CLAIMS                                    |                 | HIGHE                             | EST           | T (Column 5)                       |                  | <del></del>      | .501                                             | • г      |                     | <del></del>             |                                       |
| AMENDMENT B                            |                                                                                                                                                                                                                                                                                            | REMAINING<br>AFTER<br>AMENDMENT           |                 | NUMB<br>PREVIO<br>PAID F          | BER<br>DUSLY  | PRESENT<br>EXTRA                   | R                | RATE             | ADDI-<br>TIONAL<br>FEE                           |          | RATE                | ADI<br>TION<br>FE       |                                       |
| NON                                    | Total                                                                                                                                                                                                                                                                                      | •                                         | Minus           | **                                |               | =                                  | ×                | (\$ 9=           |                                                  | OR       | X\$18=              | 1                       | <del></del> -                         |
| AME                                    | Independent                                                                                                                                                                                                                                                                                |                                           | Minus           | ***                               |               | =                                  | X                | (40=             |                                                  | 1 1      | X80=                | <del></del>             |                                       |
|                                        | FIRST PRESE                                                                                                                                                                                                                                                                                | NTATION OF MU                             | ILTIPLE DEP     | 'ENDENT                           | CLAIM         |                                    | -                |                  | · ·                                              | OR       | -                   |                         |                                       |
|                                        |                                                                                                                                                                                                                                                                                            | •                                         |                 |                                   |               |                                    |                  | 135=<br>TOTAL    |                                                  | OR       | +270=               |                         |                                       |
|                                        |                                                                                                                                                                                                                                                                                            |                                           |                 |                                   |               |                                    | ADD              | TOTAL<br>IT. FEE |                                                  | OR A     | TOTAL<br>ADDIT. FEE |                         |                                       |
| -                                      | example of the second                                                                                                                                                                                                                                                                      | (Column 1)<br>CLAIMS                      |                 | (Colum                            |               | (Column 3)                         |                  |                  |                                                  | _        | ,                   | _                       | _                                     |
| MENT C                                 |                                                                                                                                                                                                                                                                                            | REMAINING<br>AFTER<br>AMENDMENT           |                 | NUMB<br>PREVIOU<br>PAID F         | BER<br>DUSLY  | PRESENT<br>EXTRA                   | R                |                  | ADDI-<br>TIONAL<br>FEE                           |          | RATE                | ADI<br>TION<br>FE       | NAL                                   |
| AMENDMENT                              | Total                                                                                                                                                                                                                                                                                      | •                                         | Minus           | **                                |               | =                                  | - X!             | \$ 9=            |                                                  | OR       | X\$18=              | 1                       | <u>.E</u>                             |
| AME                                    | Independent                                                                                                                                                                                                                                                                                | <u> </u>                                  | Minus           | ***                               |               | =                                  | -                | 40=              |                                                  |          | X80=                |                         |                                       |
|                                        | FIRST PRESEN                                                                                                                                                                                                                                                                               | NTATION OF MU                             | LTIPLE DEP      | ENDENT                            | CLAIM         |                                    |                  |                  |                                                  | OR -     | A00-                |                         |                                       |
| • 1                                    | f the entry in colur                                                                                                                                                                                                                                                                       | mn 1 le lace than th                      | n ontry in colu | 2. write                          | "O" in col    | 0                                  | L                | 35=              | (                                                | OR       | +270=               |                         |                                       |
| **                                     | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **OTAL ADDIT. FEE |                                           |                 |                                   |               |                                    |                  |                  |                                                  |          | TOTAL<br>DDIT. FEE  |                         |                                       |
| . 7                                    | The Highest Num                                                                                                                                                                                                                                                                            | ber Previously Paid                       | J For (Total or | Independer                        | nt) is the    | n 3, enter "3."<br> highest number |                  |                  | ropriate box                                     |          |                     |                         | Man                                   |